

ACTION PLAN

GOAL _____

How important is this change to me? (1-10)

MY STEPS TOWARD SUCCESS:

1.

2.

Potential barriers:

How can I overcome these?

Who can help?

Confidence level for success(1-10):

Pay off (How will I benefit?):



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ACTION PLAN

GOAL_ Weight Loss- 1-2 pounds per week or 4-8 pounds per month.

How important is this change to me? (1-10) 10 out of 10. Feels tired all the time.

MY STEPS TOWARD SUCCESS:

1. Exercise
 - 5 days per week
 - At least 30 minutes per day up to 1 hour
 - Walking/cardio
 - Machines for toning

2. Healthy Eating
 - Low Fat Diet
 - Snacking on fruits or vegetables
 - Portion Control

Potential barriers: Time

How can I overcome these?

Making it a priority and scheduling it in.

Who can help?

wife-big motivator

Confidence level for success(1-10):

8 out of 10. Enjoys exercising. Wants to lose weight to feel better.



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